

Exhibit B-2

SERIAL NO. JAB-1669 DOCKET NO. JAB-1669 BY ECC
 APPLICATION OF R.Stokbroekx et al. MAILED: 10/19/01
 ENTITLED ANGIOGENESIS INHIBITING 5-SUBSTITUTED-1,2,4-THIADIAZOLYL
DERIVATIVES

THE FOLLOWING HAS BEEN RECEIVED IN THE U.S. PATENT OFFICE ON THE DATE STAMPED HEREON:
 VIA EXPRESS MAIL NO. EL710839120US

- | | | |
|---|---|---|
| <input type="checkbox"/> AFFIDAVIT | <input checked="" type="checkbox"/> DECLARATION & | <input type="checkbox"/> EXTENSION OF TIME |
| <input checked="" type="checkbox"/> AMENDMENT/PRE. POA | | <input type="checkbox"/> NOTICE OF APPEAL |
| <input type="checkbox"/> ASSIGNMENT FOR RECORDING/OATH OR | | <input type="checkbox"/> DECLARATION |
| <input type="checkbox"/> BRIEF | | <input type="checkbox"/> POWER OF ATTORNEY |
| <input checked="" type="checkbox"/> CHARGE TO DEPOSIT ACCOUNT 10-0750 | | <input type="checkbox"/> PRELIMINARY STATEMENT |
| <input type="checkbox"/> DRAWINGS | | <input type="checkbox"/> PRIORITY DOCUMENT |
| <input type="checkbox"/> ISSUE FEE TRANSMITTAL | | <input type="checkbox"/> STATUS INQUIRY |
| <input checked="" type="checkbox"/> LETTER/transmittal | | <input checked="" type="checkbox"/> SPECIFICATION <u>21</u> PGS |
| <input type="checkbox"/> PCT FILING | | <input checked="" type="checkbox"/> CLAIMS <u>17</u> |
| <input checked="" type="checkbox"/> IDS - FORM - 1449 | | <input type="checkbox"/> |

COPY FORWARDED TO ADDRESSEE
 DATE: 11/01/01
 SIGNED: CEIL SURMAN



* EL710839120US *

POST OFFICE TO ADDRESSEE



EL710839120US

| ORIGIN (POSTAL USE ONLY) | | |
|--|--|--|
| PO ZIP Code | Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second | Flat Rate Envelope <input type="checkbox"/> |
| Date In Mo. Day Year | <input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM | Postage S |
| Time In <input type="checkbox"/> AM <input type="checkbox"/> PM | Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day | Return Receipt Fee |
| Weight lbs. ozs. | Int'l Alpha Country Code | COD Fee Insurance Fee |
| No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday | Acceptance Clerk Initials | Total Postage & Fees S |

| DELIVERY (POSTAL USE ONLY) | | |
|--|---|--------------------|
| Delivery Attempt Mo. Day | Time <input type="checkbox"/> AM <input type="checkbox"/> PM | Employee Signature |
| Delivery Attempt Mo. Day | Time <input type="checkbox"/> AM <input type="checkbox"/> PM | Employee Signature |
| Delivery Date Mo. Day | Time <input type="checkbox"/> AM <input type="checkbox"/> PM | Employee Signature |
| Signature of Addressee or Agent X | | |
| Name - Please Print X | | |

| CUSTOMER USE ONLY | | |
|---|--|--|
| METHOD OF PAYMENT: | | |
| Express Mail Corporate Acct. No. _____ | | |
| Federal Agency Acct. No. or Postal Service Acct. No. _____ | | |

WAIVER OF SIGNATURE (Domestic Only): Additional merchandise insurance is void if waiver of signature is requested.
 I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges
 that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of
 delivery.
 NO DELIVERY Weekend Holiday

Customer Signature

| | |
|--|---|
| FROM: (PLEASE PRINT) PHONE <u>732-524-2828</u> | TO: (PLEASE PRINT) PHONE <u> </u> |
| <input type="checkbox"/> ELLEN CIAMBRONE COLETTI, ESQ. JOHNSON & JOHNSON CORP 1 JOHNSON AND JOHNSON PLZ RCUM X3887 WH-3236 NEW BRUNSWICK NJ 08933-0002 | |
| JAB-1669 | |

ASST. COMMISSIONER OF PATENTS
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